



MAMMOGRAPHY & BREAST INTERVENTIONAL INVOICE

Texas Department of State Health Services
Texas Mammography Program
P.O. Box 149347
Austin, Texas 78714-9347

NEW FACILITY

FISCAL/ACCT USE ONLY - Z113-181

Remit # _____ Date: _____ Amount: _____

Legal name of facility: _____

Doing Business as Name (DBA): _____

The appropriate fees shall accompany each **new** application for a mammography facility or breast interventional facility. An application will not be accepted until full payment has been received. [25 TAC §289.204 (h)]. Check should be made out to **Texas Department of State Health Services**. *Complete sections that pertain to your facility. Form will calculate fees that are due.*

Invoice must be returned with check to ensure the facility's account is properly credited!

CERTIFICATION FEES FOR NEW MAMMOGRAPHY FACILITY:

The fee(s) for certification of your mammography facility will be:

- ☐ \$2010.00 for first mammography unit \$ _____
- ☐ \$240.00 for each additional mammography unit
{Type in number of additional mammography unit(s) _____ x \$ 240.00} \$ _____

CERTIFICATION TOTAL DUE \$ _____

ACCREDITATION FEES FOR NEW MAMMOGRAPHY FACILITY, IF ACCREDITING WITH STX:

The fee(s) for accreditation of your mammography facility will be one or more of the following:

- ☐ \$1025.00 for the first mammography unit \$ _____
- ☐ \$610.00 for each additional mammography unit
{Type in number of additional mammography unit(s) _____ x \$610.00} \$ _____

ACCREDITATION TOTAL DUE \$ _____

FEES FOR NEW BREAST INTERVENTIONAL FACILITY:

The fee(s) for breast interventional certification may be one or more of the following:

- ☐ \$490.00 for each breast interventional unit \$ _____
- ☐ \$240.00 for each additional breast interventional unit
{Type in number of breast interventional unit(s) _____ x \$240.00} \$ _____

BREAST INTERVENTION TOTAL DUE \$ _____

TOTAL DUE WITH APPLICATION(S): \$ _____

If you have any questions regarding the payment of these fees, you may contact the accounting office of the Radiation Safety Licensing Branch at (512) 834-6688. Submit the appropriate fee(s) and the complete application to the following address:

U.S. Postal service address:

Texas Department of State Health Services
Radiation Safety Licensing Branch
Mammography Programs
Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347

Overnight Express address (Fed Ex, Lone Star, UPS):

Texas Department of State Health Services
Radiation Safety Licensing Branch
Mammography Programs
Mail Code 2003
1100 West 49th Street
Austin, Texas 78756